1. PLACE OF BIRTH	BUREAU OF 1	BOARD OF HEALTH	State File No.
County Lila	VIIII OIK	State angone	
District or Township			
Citymani	No	3 Davis Campon	St
	(If birth oc	curred in a hospital or institution, gi	
2. Full name of child	& Dang Donen	V	If child is not yet named, make supplemental report, as directed.
3. Sex of Child To be answered On the event of plural births.			Date Jan 10 1926 of birth Jonth Day Year
8. FATHE			MOTHER
Full name Jos Kutti	nez	Full maiden name Con	iliano Gonzales
9. Residence (Usual place of abode) Mann, anyonn		Full maiden name Cerciliano Longales 15 Residence (Usual place of abode) Minni Angon	
If non-resident, give place and state	·	If non-resident, give place	and state.
10. Color or race	n	16 Color or race	
Mexican 11. Age at	last birthday(Years)	mexican	7. Age at last birthday 19 (Years)
12. Birthplace (city or place)	K'CO	18. Birthplace (city or place)	
13. Occupation Miner		(State or country)	
Nature of Industry Cappe	~	19. Occupation Nature of Industry	renico
20. Number of children of this mother	(a) Born alive a	nd now Hying O 21.	Were precautions taken against oph-
(Taken as of time of birth of child herei certified and including this child.)	n (b) Born alive be	it now dead O	thalmia neonatorum?
	CERTIFICATE OF ATTENDING	PHYSICIAN OR MIDWIFE	- 0
I hereby certify that I attended the birt	h of this child, who was	Born alive or stillborn.)	m. on the date above stated
*When there was no attending physic or midwife, then the father, househol etc., should make this return. A still child is one that neither breathes	der, Signature	Tha	J. miller
shows other evidence of life after bit Given name added from	rth. J		(Physician er-midwife)_
a supplemental report Month, day	Address	mann ,	any
	Piled Ha	13 26 Co	. C. Jury
Regi			